

CLAIMS ONLY						Application Number 10749629	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	I					51	
2		I				52	
3		I				53	
4		I				54	
5		I				55	
6		I				56	
7	I					57	
8		I				58	
9	I					59	
10	I					60	
11	I					61	
12	I					62	
13	I					63	
14	I					64	
15	I					65	
16	I					66	
17	I					67	
18	I					68	
19	I					69	
20	I					70	
21	I					71	
22	I					72	
23	I					73	
24	I					74	
25						75	
26						76	
27						77	
28						78	
29						79	
30						80	
31						81	
32						82	
33						83	
34						84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
Total Indep	5					Total Indep	
Total Depend	19					Total Depend	
Total Claims	24					Total Claims	